



19. Fee calculations.

CLAIMS (Number Filed)	(1) FOR	(2)		(3) NUMBER EXTRA		(4) RATE		(5) CALCULATIONS
28	TOTAL CLAIMS (37 CFR 1.16(c))	-20	=	8	x	\$18	=	\$ 144.00
6	INDEPENDENT CLAIMS (37 CFR 1.16(b))	-3	=	3	x	\$84	=	\$ 252.00
<input type="checkbox"/>	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.18(d))					+	\$280.00	=
BASIC FEE (37 CFR 1.16(a))							=	\$ 750.00
Total of above Calculations							=	\$1146.00
Reduction by 50% for filing by small entity (Note 31 CFR 1.9, 1.27, 1.28).							=	.
TOTAL							=	\$1146.00

20. FEES:

☒ A check is enclosed for \$1146.00.

The Commissioner is hereby authorized to credit overpayments or charge the following fees or any additional fees required to Deposit Account No. 502664:

- a. ☒ Fees required under 37 CFR 1.16. (U.S. Application Filing Fees)
 b. ☒ Fees required under 37 CFR 1.17. (Conditional Extension of Time Fees)
 c. ☒ Fees required under 37 CFR 1.18. (Patent Issue Fees)

21. ☐ Other: _____

NOTE: The prior application's correspondence address will carry over to this UPA UNLESS a new correspondence address is provided below.

22. NEW CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label		36257		<input checked="" type="checkbox"/> New correspondence address below	
NAME	Michael G. Cleveland, Parsons Hsue & de Runtz LLP				
ADDRESS	655 Montgomery Street, Suite 1800				
CITY	San Francisco	STATE	California	ZIP CODE	94111
COUNTRY	U.S.A.	TELEPHONE	(415) 318-1160	FAX	(415) 693-0194

23. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Parsons Hsue & de Runtz LLP 655 Montgomery Street, Suite 1800 San Francisco, CA 94111 Tel. (415) 318-1160 Fax. (415) 693-0194	
Date:	
Name	Michael G. Cleveland Reg. No. 46,030
Signature	
Express Mail Label No.	EV 321716094 US